



## Standard Precautions Policy

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## **Purpose**

To provide infection prevention practices to minimize the risk of transmission of pathogens to both healthcare personnel and patients from recognized and unrecognized sources of contamination (e.g., the environment).

## **Policy Statement**

Cleveland Clinic recognizes that pathogens can be transmitted from colonized or infected patients, the environment, and healthcare personnel either by “person to person” or “person to environment to person” transmission. Employees in patient care settings must therefore follow the process below when caring for all patients to reduce the risk of infectious disease transmission.

## **Definitions**

### **Alcohol-based hand rubs (ABHR)**

An alcohol-containing preparation designed for hand application for reducing the number of viable microorganisms on the hands. In the United States, such preparations usually contain 60%-95% ethanol or isopropanol.

### **Cleveland Clinic health system**

Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lakewood, Lutheran, Marymount, Medina, South Pointe, Children’s Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

### **Direct contact**

Involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected or colonized person, such as when personnel turn or bathe patients, or perform other direct patient-care activities that require physical contact.

### **Hand hygiene**

A general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.

### **Hand washing**

Cleaning hands with soap and water

### **Low Level Disinfection**

A process to kill most vegetative bacteria, some fungi, and some viruses.

### **Visibly soiled hands**

Hands showing visible dirt or visibly contaminated with proteinaceous material (material containing proteins), blood, body fluids or other potentially infectious material (e.g., fecal material or urine).

## **Other Potentially Infectious Materials**

Occupational Safety and Health Administration (OSHA) definition: “Other Potentially Infectious Materials” means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or HBV(hepatitis B virus)-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

## **Policy Implementation**

All employees with direct patient contact will perform the following tasks as described:

### **1. Hand Hygiene**

- Perform hand hygiene: (*refer to Hand Hygiene Policy*)
  - i. When entering patient care zone and after contact with inanimate objects including medical equipment in the immediate vicinity of the patient
  - ii. Before direct patient contact
  - iii. Before donning gloves
  - iv. After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings.
  - v. After patient contact
  - vi. If hands move from a contaminated-body site to a clean-body site during patient care
  - vii. After removing gloves
- Wash hands with soap and water when there has been reasonably anticipated contact with blood, body fluids or other potentially infectious material, and when caring for patients with *Clostridium difficile* infection or Norovirus gastroenteritis
- Use of an ABHR is preferred over soap and water to decontaminate hands if they are not visibly soiled

### **2. Personal Protective Equipment (PPE) - Specialized clothing or equipment worn for protection against a hazard (e.g., gowns, gloves, mask, face shield)**

- Wear PPE when anticipated patient interaction indicates contact with blood or body fluids, mucous membranes, non-intact skin (See Figure 1)
- Remove and discard PPE before leaving the patient's room

<b>Figure 1: Assess Risk of Activity</b>		
<i>No Contact with Body Fluids</i>	<i>Contact with body fluids - low risk of splashing</i>	<i>Contact with body fluids - high risk of splashing</i>
↓	↓	↓
<i>No personal protective equipment required</i>	<i>Wear gloves and gown</i>	<i>Wear gloves, gown, face protection</i>

### Gloves

- Wear gloves:
  - i. For anticipated contact with blood, body fluids, secretions, excretions, mucous membranes, and non-intact skin
  - ii. When performing vascular access procedures
  - iii. When handling or touching contaminated items or surfaces
- Remove gloves:
  - i. Immediately after use
  - ii. Before touching non-contaminated items and environmental surfaces
  - iii. Before touching another patient
- Perform hand hygiene immediately after glove removal
- Replace gloves as soon as practical and when contaminated, torn or punctured
- Change gloves between tasks and procedures on the same patient to avoid cross-contamination

### Gowns

- Wear a clean, non-sterile fluid-resistant gown to protect skin and to prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated
- Remove and dispose of gown at completion of task before exiting patient's room and perform hand hygiene
- Do not reuse gowns, even for repeated contact with the same patient

### Face Protection

- Wear masks and protective eyewear or face shields if splashing, spraying, spattering, or aerosolization of droplets of blood, body fluids, secretions, or excretions may be generated and eye, nose, or mouth exposure can be reasonably anticipated
- Remove masks and protective eyewear after patient contact
  - i. Do not reuse disposable face masks
  - ii. Clean and low-level disinfect reusable protective eyewear

### **3. Respiratory Hygiene/Cough Etiquette**

- Respiratory hygiene/cough etiquette is used to prevent transmission of respiratory pathogens
- Instruct patients, visitors, staff, and others to cover their mouths/noses when coughing or sneezing, to use and properly dispose of tissues, and to perform hand hygiene every time after hands have been in contact with respiratory secretions
- Provide tissues for use, and dispose of tissues in wastebaskets
- Provide ABHR in convenient locations
- When directed by the Medical Director of Infection Prevention in consultation with the Executive Team, caregivers are required to wear cloth masks over their mouth and nose when in shared spaces except when eating or drinking. Cloth masks do not substitute for personal protective equipment.

### **4. Safe Injection Practices**

- Use aseptic technique to avoid contamination of sterile injection equipment
- Do not administer medications from one syringe to multiple patients even if the needle or cannula on the syringe is changed
- Use fluid and administration sets for single patient only
- Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's IV infusion bag or administration set
- Use single-dose vials whenever possible
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use
- If multi-dose vials must be used, both the needle/cannula and syringe used to enter the multi-dose vial must be sterile
- Do not keep multi-dose vials in the immediate patient treatment area and discard if sterility is compromised or questionable
- Do not use bags or bottles of IV fluids as a common source of supply for multiple patients

### **5. Lumbar Puncture Procedures**

- Wear mask when inserting catheters or injecting material into spinal or epidural spaces via lumbar puncture procedures (e.g., myelograms, spinal or epidural anesthesia)

### **6. Patient Placement**

- Consider the potential for transmission of infectious agents in patient placement decisions
- Place patients who contaminate the environment or who are unable to assist in maintaining appropriate hygiene in a private room
- If a private room is not available, consult with Infection Prevention regarding placement or other alternatives

## **7. Patient Care Equipment and Devices**

- Patient care items and surfaces must be cleaned, disinfected or sterilized as appropriate between uses: (refer to *Cleaning, Disinfection, or Sterilization of Patient Care Items Policy*)

## **8. Surface Disinfection**

- Environmental Services will clean and disinfect surfaces in the patient's environment routinely and upon patient discharge or transfer
- Surfaces must be immediately cleaned and disinfected when visibly soiled with blood, body fluids, or other potentially infectious substances

## **9. Solid Waste**

- Discard all trash in impervious plastic bags
- Dispose of items or materials that are grossly contaminated with blood or potentially infectious body substances in a red biohazard plastic bag (with the exception of linen)
  - i. Items that are grossly contaminated with blood or other potentially infectious material are items that when compressed release liquid e.g., a dressing saturated with blood.

## **10. Linen (Including Pillows)**

- Wear gloves to handle soiled linen
- Do not sort linen in patient care areas. Handle soiled linen with minimum agitation to avoid contamination of air, surfaces and persons
- Place soiled linen (including linen that is contaminated with blood, urine, stool or potentially infectious body fluids) in a leak resistant bag.
- Do not use biohazard red bags
- Clean and soiled linens should be stored and transported in separate containers.
- Cover clean linen during transportation
- Store clean linen on patient care units in covered carts or in closed cabinets

## **11. Needles and Sharps**

- Discard used needles and sharps in designated puncture-resistant containers
- Keep sharps containers at point of use
- Do not bend, break or recap needles or remove from syringes
- Place uncapped needle with attached syringe in the sharps container
- Sharps containers should be replaced when they are 2/3 full or when the full line indicator is reached.

## **12. Laboratory Specimens**

- All specimens are considered potentially infectious
- All specimen containers must be placed in a closed, biohazard labeled impervious bag

### **13. Blood Spills**

- Immediately clean and disinfect environmental surfaces contaminated with blood or other potentially infectious body substances
- Wear PPE during the cleaning process to protect from exposures

### **Regulatory Requirement/References**

#### **Joint Commission Standard IC.02.01.01**

The hospital uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.

#### **CMS Standard 482.42**

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases.

Occupational Safety and Health Administration (OSHA)

Bloodborne Pathogen Standard 29 CFR Part 1910.1030 Federal Register, Friday December 6, 1991.

Boyce, JM., Pittet, D and the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force, Guideline for Hand Hygiene in Health-Care Settings 2002.

CDC. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007.

### **Oversight and Responsibility**

The Infection Prevention Committee is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

### **Other Background Information**

Issuing Office: Infection Prevention